

Report Year:

2010

12024

Miracle Mile Medical Center

Los Angeles

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**Provide the Hospital Owner and Year of Report per Section 130061(e)**

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Facility Number:

12024

Facility Name:

Miracle Mile Medical Center

Address:

6000 San Vicente Blvd.

City:

Los Angeles

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Hospital Owner/Licensee:

930000143/Gil Tepper, MD

Year of Reporting:

2010

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Liz Cheever

Submission Date:

1/12/2011 2:47:13 PM

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Report Year:

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Los Angeles

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Report Status: **Data Last Update:** 01/12/2011

**Submission Date:** 01/12/2011

**Print Date:** 1/13/2011 8:38 AM

Report Year:

2010

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Miracle Mile Medical Center

Los Angeles

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Report Status: **Data Last Update:** 01/12/2011

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Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 01

Building Name: Main Hospital

**Type of Service Provided**

|  |                |                                 |                |                                |
|--|----------------|---------------------------------|----------------|--------------------------------|
| <input checked="" type="checkbox"/> Nursing          | Inpatient Beds | <input type="text" value="17"/> | Inpatient Days | <input type="text" value="2"/> |
| <input type="checkbox"/> IntensiveCare               | Inpatient Beds | <input type="text" value="0"/>  | Inpatient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Pediatric/Adolescent        | Inpatient Beds | <input type="text" value="0"/>  | Inpatient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Psychiatric Nursing         | Inpatient Beds | <input type="text" value="0"/>  | Inpatient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Obstetrical Ante/Postpartum | Inpatient Beds | <input type="text" value="0"/>  | Inpatient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Intermediate Care           | Inpatient Beds | <input type="text" value="0"/>  | Inpatient Days | <input type="text" value="0"/> |
| <input type="checkbox"/> Skilled Nursing             | Inpatient Beds | <input type="text" value="0"/>  | Inpatient Days | <input type="text" value="0"/> |

Total Beds this Building 

|  |  |
|--|--|
| <input checked="" type="checkbox"/> Surgical         | <input type="checkbox"/> Obstetrical Recovery          |
| <input checked="" type="checkbox"/> Anesthesia       | <input type="checkbox"/> Newborn/WellBaby              |
| <input type="checkbox"/> Clinical Lab                | <input type="checkbox"/> Emergency                     |
| <input type="checkbox"/> Radiological/Imaging        | <input type="checkbox"/> Nuclear Medicine              |
| <input checked="" type="checkbox"/> Pharmaceutical   |  |
| <input checked="" type="checkbox"/> Dietetic         | <input type="checkbox"/> Rehabilitation Therapy        |
| <input checked="" type="checkbox"/> Administration   | <input type="checkbox"/> Renal Dialysis                |
| <input checked="" type="checkbox"/> Support Services | <input checked="" type="checkbox"/> Outpatient Surgery |
| <input type="checkbox"/> Obstetrical Cesarean/Deliv  | <input checked="" type="checkbox"/> Central Plant      |

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 02

Building Name: Tower Building

**Type of Service Provided**

☐ Nursing Inpatient Beds 0 Inpatient Days 0

☐ IntensiveCare Inpatient Beds 0 Inpatient Days 0

☐ Pediatric/Adol  
escent Inpatient Beds 0 Inpatient Days 0

☐ Psychiatric Nursing Inpatient Beds 0 Inpatient Days 0

☐ Obstetrical Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 0

☐ Surgical

☐ Obstetrical Recovery

☐ Anesthesia

☐ Newborn/WellBaby

☒ Clinical Lab

☐ Emergency

☒ Radiological/Imaging

☐ Nuclear Medicine

☐ Pharmaceutical

☐ Dietetic

☐ Rehabilitation Therapy

☒ Administration

☐ Renal Dialysis

☐ Support Services

☐ Outpatient Surgery

☐ Obstetrical Cesarean/Deliv

☐ Central Plant

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

01

Building Name:

Main Hospital

**Medical / Surgical (Include GYN)**Inpatient  
Bed

17

Inpatient  
Days

2

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

17

**Total Beds this  
Building Per  
Service**

17

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

02

Building Name:

Tower Building

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

0

**Total Beds this  
Building Per  
Service**

0

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

| Building Number | Building Name  | Building to be Removed   |
|-----------------|----------------|--------------------------|
| 01              | Main Hospital  | <input type="checkbox"/> |
| 02              | Tower Building | <input type="checkbox"/> |



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Report Status: **Data Last Update:** 01/12/2011

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Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

01

Building Name:

Main Hospital

### Type of Service Provided

☒

Nursing

☐

IntensiveCare

☐Pediatric/Adol  
escent☐Psychiatric  
Nursing☐Obstetrical  
Ante/Postprtum☐Intermediate  
Care☐

Skilled Nursing

☒

Surgical

☒

Anesthesia

☐

Clinical Lab

☐Radiological/  
Imaging☒

Pharmaceutical

☒

Dietetic

☒

Administration

☐Obstetrical  
Cesarean/Deliv☐Obstetrical  
Recovery☐Newborn/  
WellBaby☐

Emergency

☐Nuclear  
Medicine☐Rehabilitation  
Therapy☐

Renal Dialysis

☒Outpatient  
Surgery☒

Central Plant

☒Support  
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

02

Building Name:

Tower Building

### Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol  
escent☐Psychiatric  
Nursing☐Obstetrical  
Ante/Postprtum☐Intermediate  
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☒

Clinical Lab

☒Radiological/  
Imaging☐

Pharmaceutical

☐

Dietetic

☒

Administration

☐Obstetrical  
Cesarean/Deliv☐Obstetrical  
Recovery☐Newborn/  
WellBaby☐

Emergency

☐Nuclear  
Medicine☐Rehabilitation  
Therapy☐

Renal Dialysis

☐Outpatient  
Surgery☐

Central Plant

☐Support  
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

01

Building Name:

Main Hospital

Configuration  
:

Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

**Type of Service Provided**☒

Nursing

☒

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☒

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☒

Central Plant

☐Obstetrical  
Ante/Postprtum☒

Pharmaceutical

☐

Nuclear Medicine

☒Support  
Services☐Intermediate  
Care☒

Dietetic

☐

Nuclear Medicine

☒Support  
Services☐

Skilled Nursing

☒

Administration

☐

Nuclear Medicine

☒Support  
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

02

Building Name:

Tower Building

Configuration  
:

Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☒

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☒Radiological/  
Imaging☐

Pharmaceutical

☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postprtum☐

Dietetic

☐

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☒

Administration

☐

Skilled Nursing